

W02000026333

③ 10/7 FULLC

TRANSMITTAL LETTER

JJL HOLDINGS, LLC  
James J. Lestock  
1644 SW Saint James Ct  
Lake City, FL 32025

00789-00623-00671

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

W02-2740

September 11, 2002

SUBJECT: FILING OF ARTICLES OF ORGANIZATION FOR FLORIDA LLC

I enclose an original of the Articles of Incorporation for the above corporation and  
a check in the amount of \$125.00.

SIGNATURE:

James J. Lestock

From: James J. Lestock  
Name

1644 SW Saint James Ct  
Address

Lake City, FL 32025  
City State Zip

(386) 755-1860  
Telephone Number

SECRET  
TALLAHASSEE, FLORIDA

02 OCT -7 AM 9:15

FILED

700007765297--5  
-09/16/02--01040--005  
\*\*\*\*125.00 \*\*\*\*125.00



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 17, 2002

JAMES J. LESTOCK  
1644 SW SAINT JAMES CT.  
LAKE CITY, FL 32025

SUBJECT: JJL HOLDINGS, LLC  
Ref. Number: W02000027010

We have received your document for JJL HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 902A00052962

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **JJL HOLDINGS, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

1644 SW SAINT JAMES CT  
LAKE CITY, FL 32025

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**JAMES J. LESTOCK**

Name

**1644 SW SAINT JAMES COURT**

Florida street address (P.O. Box **NOT** acceptable)

**LAKE CITY, FL 32025**

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

*James J. Lestock*  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*James J. Lestock*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**JAMES J LESTOCK**  
Typed or printed name of signee

**Filing Fees:**

- \$100.00** Filing Fee for Articles of Organization  
**\$ 25.00** Designation of Registered Agent  
**\$ 30.00** Certified Copy (Optional)  
**\$ 5.00** Certificate of Status (Optional)

FILED  
02 OCT -7 AM 9:46  
STATE OF FLORIDA  
TALLAHASSEE